

Died at Annaborton Town Bald County MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 189 Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Edw. M. Parrish Mother's Name Ida Grace Parrish

Cause of Death { Primary Sub from How long sick  
Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

John Wesley Parsons  
 Died at <sup>Town</sup> *Sanford* <sup>County</sup> *Kent* *MD* MARYLAND

Date 189 <sup>Month</sup> *May* <sup>Day</sup> *2* <sup>Y.</sup> *81* <sup>M.</sup> *Kent* <sup>D.</sup> *Co.* <sup>Native of</sup> *none* <sup>Occupation</sup>  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☒ Divorced ☐ Number of children living *4*

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Name

Cause of Death { Primary *141* How long sick -  
 Immediate *Infirmity* Accident, Suicide, Homicide

Reported by

Address

*John N. Todd, Undertaker*  
*Chester town Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Esther A. Parvin

Town

County

Died at

Salisbury

Swiconica

MARYLAND

Date 1890 Month March Day 31 Y. M. D. Age 80 Native of Maryland Occupation

Male

White

Married

Widow

~~Married~~

Female

Colored

Single

Widower

Number of children living

4

Husband

of Thos. A. Parvin

Wife

Father's

Name

don't know

Mother's

Name

don't know

Cause of

Primary

Paralysis

44

How long sick

4 years

Death

Immediate

don't know

Accident, Suicide, Homicide

Reported by

Dr. Truitt

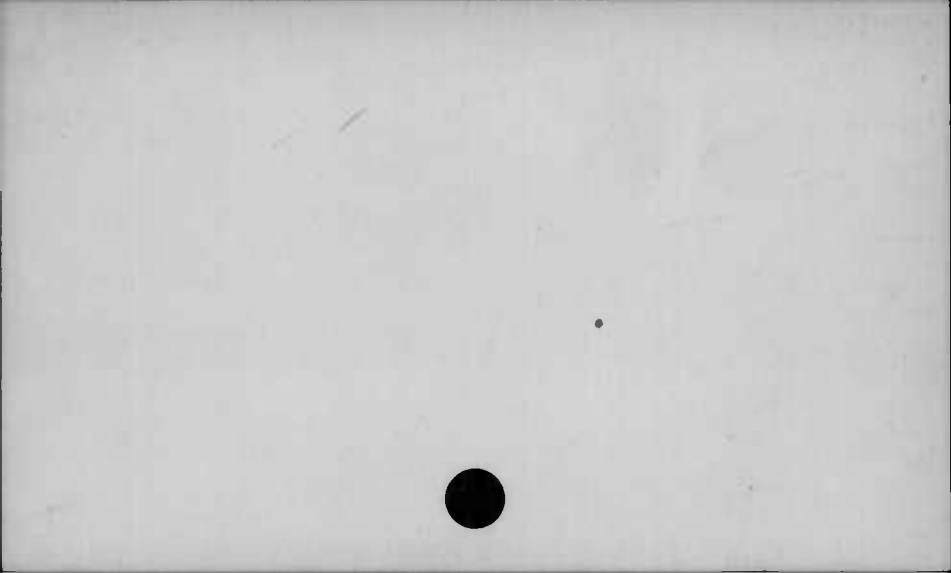
Address

Salisbury

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78888



DEPARTMENT OF HEALTH  
APR 15 1877

# City of Baltimore, Md.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. ~~16~~

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person attending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 15 1877  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Estelle Eudora Peters  
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line, } Female  
 Age, 7 Years, 2 Months, 18 Days.  
 Color, White  
 Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. } Single  
 Occupation, None  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto  
 Duration of Residence in the City of Baltimore, all her life  
 Place of Death, { Give street and number. } Elgin Ave in Balto. Co  
 Cause of Death, { First (Primary.) } Intestinal  
 { Second (Immediate,) } Cerebral effusion  
 Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Monday the 16th

{ Undertaker, John W. Weaver

{ Place of Business, 129 North Paca Street

Address

W. H. Keen M. D.  
 Medical Attendant,  
55 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*The following additional information is requested in relation to the causes of death enumerated below.*

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location & Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES A. STEUART. M. D.

*Commissioner of Health and Registrar.*



Name In Full

Certificate of Death

Addie Pitts child, col.

Died at <sup>Town</sup> Berlin <sup>County</sup> Worcester MARYLAND

Date 189 <sup>Month</sup> July <sup>Day</sup> 20 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup>

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of <sup>Primary</sup> <sup>161</sup> <sup>How long sick</sup> 5 days

Death <sup>Immediate</sup> <sup>Accident, Suicide, Homicide</sup>

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008

Attended by Dr.

*No Attendance*

of

Seen by Coroner

of

Information contained in this certificate received

from

of

CSE

Name in Full *Sarah Pollitt*  
 Died at *Princess Anne* Town *County* *Somerset* MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 189*9* Age *27*  
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced  
 Female ☐ Colored ☐ Single ☐ Widower Number of children living *none*

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Goldsborough

of Princess Anne

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received

from Mr. A. Smith

of Undertaker

Name In Full

Certificete of Death

Died at

Date 1898

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John H. Porter

Town

County

Mt. Savage

Allegheny

MARYLAND

Month Day Y. M. D. Native of Occupation

8 9 Age 28

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 1

of Bertha Waters

Andrew Porter

Mother's

Name

Primary Complication of diseases

How long sick

Immediate

1611

Accident, Suicide, Homicide

Independent 1-90

Funeral at Mt. Savage.  
Rev. Nett

# CERTIFICATE OF DEATH.

Death,

Apr 12

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Florence E Post

Male or Female, { Cross out the word not required in this line. }

Years,

2

Months,

16

Days.

White

Sex,

d, Single, Widow or Widower, { Cross out the words not required in this line. }

tion,

Place, { State or country (and how long in the United States, if of foreign birth. }

Chesnut Summit Balto County

on of Residence in the City of Baltimore,

of Death, { Give street and number. }

Chesnut Summit

of Death, { First (Primary),  
Second (Immediate), }

Catarrh Pulmonary + intestinal  
Exhaustion

on of Last Sickness,

Six days.

The above information should be furnished by the Physician.

of Burial,

Green Mt. Cemetery

of Burial,

April 13 1877

ertaker,

W. W. Jenkins &amp; Son

ce of Business,

16 Light St.

Address

114 Park Ave

F. E. Chatard M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of Death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person so buried, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

*The following additional information is requested in relation to the causes of death enumerated below.*

ANEURISM—Mode of Death.  
 CER. SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.  
 CHILDBIRTH—Circumstances producing Death.  
 CANCER—Variety and Seat.  
 CALCULUS—Mode of Death.  
 DENTITION—Mode of Death.  
 DISEASE OF HEART—Variety. Valves involved.  
 DROPSY—Variety and cause.  
 ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.  
 ERYSIPELAS—Seat and Cause.  
 FRACTURES—Cause and Mode of Death.  
 GANGRENE—Seat and Cause.  
 GASTRITIS—Cause.  
 HERNIA—Variety and Mode of Death.  
 INSANITY—Variety and Mode of Death.  
 JAUNDICE—Cause and Mode of Death.  
 MANIA, ACUTE—Cause and Mode of Death.  
 MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.  
 MALFORMATION—Variety.  
 METRITIS—Variety and Cause.  
 NECROSIS—Seat. Cause and Mode of Death.  
 OVARIAN TUMOR—Mode of Death.  
 PARALYSIS—Variety and Cause.  
 PERITONITIS—Cause.  
 PHLEBITIS—Cause.  
 PYÆMIA—Cause. Nature of Injury, if any.  
 PREMATURE BIRTH—Cause. Fœtal age.  
 PRETERNATURAL BIRTH—Manner of.  
 SYPHILIS—Variety, Chief Location and Mode of Death.  
 TETANUS—Nature of Injury, if any.  
 ULCER—Nature, Chief Location and Mode of Death.  
 WOUNDS—Cause, Variety, Seat and Mode of Death.  
 ABSCESS—Cause, Location and Mode of Death.  
 Specify every Surgical operation with fatal result.  
 Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.  
 Commissioner of Health and Registrar



Died at Wilmington <sup>Town</sup> Somerset <sup>County</sup> MARYLAND  
 Month Day | Y. M. D. | Native of | Occupation

Date 189	Age 70	Sex M	Married	Widow	Divorced
Female	Single	Widower	Number of children living		

Father's Name Joshua Torrey Mother's Name Deceased

Cause of	Primary	Typhoid Fever	How long sick	3 weeks -
Death	Immediate	Aschemia	Accident, Suicide, Homicide	

Reported by Thos. W. Townson & H. M. S.

Address *W. W. W. W.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Catherine Prallman

Town

County

Died at

Calumet

Balto

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8. Jan 1

Age

15 9

Md

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Julius Prallman

Mother's

Name

Lena Prallman

Cause of

Primary

Epilepsy

47

How long sick

one week

Death

Immediate

Cerebral congestion

Accident, Suicide, Homicide

Reported by

Dr Charles L. Mayfield

Address

Calumet Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Wm E Prichman*

Certificate of Death

Died at *Brimfield* Town *Shoultz* County *Harold* MARYLAND

Date	Month	Day	Y.	M.	D.	Age	Native of	Occupation
<i>1898</i>						<i>about 63</i>	<i>Maryland</i>	<i>Trucker</i>
Male	White	Married	Widow	Divorced				
<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>				Number of children living	<i>none</i>

Husband of *Ida Lee*Father's Name *Don't Know* Mother's Name *Don't Know*

Cause of	Primary	How long sick
Death	<i>Pneumonia</i>	<i>8 days</i>
	Immediate	Accident, Suicide, Homicide

Reported by *Dr. Collins M.D.*Address *Brimfield Mo.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

